### American Academy of Pediatrics



## Department of Government Liaison

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October 6, 1997

Office of the Secretary Federal Communications Commission 1919 M Street, N.W. Washington, D.C. 20554

FEDERAL COMMUNICATIONS COMMISSION
OFFICE OF THE SECRETARY

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RE: CS Docket No. 97-55

Dear Commissioners:

On behalf of the American Academy of Pediatrics (AAP) and its 53,000 pediatricians, I appreciate the opportunity to offer comments regarding the modified television rating system. After weeks of negotiations, the Academy joined eight other organizations July 10 in agreeing to the modified system with the television industry.

Negotiations are the art of compromise, and that's exactly what is reflected in the modified system. The result is an age-based system with content elements added to it. Although it is by no means perfect, the modified system is a step in providing parents some of the information they need to make viewing choices for their children. We believe the system deserves a fair chance to work in the marketplace to allow parents an opportunity to understand and use it.

There were eight modifications made to the system, a few of which I would like to elaborate on:

Content information: The Academy has stated frequently that an effective television rating system should be content-based to offer parents guidance on a program's level of sex, violence and language. We often point to the system used by the cable industry as a good example. By providing this information, parents can prevent their children from watching programs that may have an affect on their health and behavior. The modified system adds letters to denote sex, violence, language and dialogue. It was vital, in our opinion, that content information on violence also be added to the Y7 category because of the causal connection between media violence and aggressive behavior in some children. As a result, such shows as Power Rangers and BeetleBorgs, should be labeled with FV, for fantasy violence.

Descriptions of the Guidelines: The nebulous word "may," as in "may contain some material" was dropped and replaced with language on what it does contain, e.g., sexual situations, infrequent coarse language or suggestive dialogue. We hope the clarifying language also helps the broadcast industry to rate their programs a little more consistently.

Modified TV Rating System Page 2

**Monitoring Board:** In our April 4 comments, we recommended that parents and child development experts, not just industry representatives, should serve on the oversight monitoring board. Five non-industry members will be added under the new agreement.

V-Chip: It was important to the Academy that no regulatory or legislative limits be created that would preclude the technological opportunity for an alternative system to be broadcast in addition to the industry's rating system should the public desire a choice in the future. Under the agreement, we recommend the MPAA movie rating system and the universal television rating system be the only systems mandated for inclusion on the V-chip. However, it is our understanding that this does not preclude another rating system from being added to the v-chip in the future. The technical standards that will be established should accommodate such an arrangement.

**Research and Evaluation:** The key to all this effort is making sure the ratings system is a useful tool to parents. Independent, scientific research and evaluation must be done once the system is in use. We will then have the information necessary to call for any needed adjustments. Some possible issues to explore include whether parents understand the system and the technology to make it work, and could this type of rating system be a magnet for pre-teens and teens to watch programs labeled for adults.

**Public Education:** In order for the modified rating system to succeed, parents will need to understand what the icons mean. The Academy will use its resources to encourage publishers of TV periodicals, newspapers, and journals to include the ratings with their program listings. We also believe it is necessary to list those shows that are deemed educational and instructional under the Children's Television Act of 1990.

While ratings will help those parents who choose to use it, media education is a tool that is even more essential. The Academy is particularly concerned about mass media images and messages, and the resulting impact on the health of vulnerable young people, in areas including violence, safety, sexuality, use of alcohol, tobacco, and illicit drugs, nutrition, and self-concept and identity. Our organization will work to educate physicians, parents and their children about the impact of the media and why a rating system is necessary.

In closing, permit me to emphasize again a request I made in our April 4 comments. Now is the time to conduct another comprehensive study on the effects of media on children and adolescents. The media have changed dramatically since the 1982 National Institute of Mental Health study. Mediums have been added, such as the Internet, and messages have changed. The American Academy of Pediatrics would be interested in discussing such an effort with any of the appropriate government agencies.

# Modified TV Ratings System Page 3

It is my organization's hope that the FCC will deem this modified system acceptable as soon as possible.

Sincerely,
Robert Hammann, MD

Robert Hannemann, M.D.

President

REH/mlt